



Massachusetts  
Department of Labor and Workforce Development  
Division of Apprenticeship Training

Program Sponsor:

Trade:

School Attended:

REQUEST FOR CERTIFICATE OF COMPLETION OF APPRENTICESHIP

Apprentice Name (to appear on Certificate)	Compliance with Related Instruction Requirement?	Completion date (month/day/year, to appear on Certificate)	Comments

INSTRUCTIONS

1.....Type or print legibly.

2.....Supply complete information. Incomplete requests cannot be processed and will be returned.

3.....If during the term of apprenticeship the program sponsor re-evaluated the apprentice and decided to upgrade him/her via additional credit, the sponsor must request the extra credit in writing with reasons, before or with the submission of this certificate request.

Mailing Address:

Submitted By:

Date (M/D/Y)

Field Representative:

**FOR OFFICE USE ONLY**

Date

Dispensing Optician Only (THIS SECTION)

Date

To Calligrapher:	To Board of Registration for Signature:	Mailed to Sponsor G / Field Rep. G
Returned from Calligrapher:	Returned from Board:	Date: